

1634

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicants: Todd R. Golub, Pablo Tamayo, Margaret Shipp, Eric S. Lander and Jon C. Aster

Application No.: 09/989,758 Group Art Unit: 1634

Filed: November 20, 2001 Examiner: D. Gunter

Confirmation No.: 9648

For: Diffuse Large Cell Lymphoma Diagnosis and Outcome Prediction by Expression Analysis

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202	
on <u>9/23/02</u>	<u>Paula Depelteau</u>
Date	Signature
<u>PAULA DEPELTEAU</u>	
Typed or printed name of person signing certificate	

Assistant Commissioner for Patents
P.O. Box 2327
Arlington, VA 22202

RECEIVED

OCT 02 2002

TECH CENTER 1600/2900

Sir:

Transmitted herewith is a Reply to Restriction Requirement and Preliminary Amendment for filing in the above-identified application.

[] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

[] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		RATE	ADDIT. FEE
TOTAL	36	MINUS	* 36	0	X \$9	\$		X \$18	\$
INDEP	6	MINUS	** 6	0	X \$42	\$		X \$84	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$140	\$		+ \$280	\$

* not fewer than 20
** not fewer than 3

TOTAL = \$ 0

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
		\$	_____
		\$	_____
		TOTAL:	\$ <u>0</u>

A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
		\$	_____
		\$	_____
		TOTAL:	\$ <u>0</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Lisa M. Treannie
Lisa M. Treannie
Registration No.: 41,368
Telephone (978) 341-0036
Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: 9/23/02



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REPLY TO RESTRICTION REQUIREMENT
AND PRELIMINARY AMENDMENT

Assistant Commissioner for Patents
P.O. Box 2327
Arlington, VA 22202

Sir:

Please amend the application as follows:

In the Claims

Please cancel Claims 9, 10, 23 and 24.

Please add new Claim 37-40.

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